

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Page

Candidate or Committee Name (Do not abbreviate. Use full name.)

Deposit Date

2. CONTRIBUTIONS OVER \$25.00

Date Received	Contributor's Name, Address, City, State, Zip	Contributions of more than \$100:* Employer's Name, City and State	P R I	G E N	Amount	Aggregate Total*
		Occupation			\$	\$
		Occupation			\$	\$
		Occupation			\$	\$
		Occupation			\$	\$
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		Occupation			\$	\$

Page Total

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